

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10-780-773

FILING DATE

02-19-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		1				
6		3				
7	1					
8		1				
9		1				
10		2				
11		2				
12	1					
13	1					
14		1				
15		2				
16		2				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23	1					
24		1				
25		1				
26		2				
27		2				
28	1					
29		1				
30		2				
31		①				
32		2				
33		2				
34		①				
35		①				
36		①				
37		①				
38	1					
39		1				
40		2				
41		①				
42		①				
43		①				
44		①				
45		①				
46		①				
47		①				
48		①				
49		①				
50		①				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		①				
52		①				
53						
54						
55						
56						
57						
58						
59						
60						
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86						
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88						
89						
90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7 ↓		↓		↓	
TOTAL DEP.	59 ←		←		←	
TOTAL CLAIMS	66					

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1														
2		1													
3		1													
4		3													
5	1	①													
6	1	3													
7	1														
8		1													
9		1													
10		2													
11		2													
12	1														
13	1														
14		1													
15		2													
16		2													
17		①													
18		①													
19		①													
20		①													
21		①													
22		①													
23	1														
24		1													
25		1													
26		2													
27		2													
28	1														
29		1													
30		2													
31		①													
32		2													
33		2													
34		①													
35		①													
36		①													
37		①													
38	1														
39		1													
40		2													
41		①													
42		①													
43		①													
44		①													
45		①													
46		①													
47		①													
48		①													
49		①													
50		①													
TOTAL IND.	←		←		←			←		←		←		←	
TOTAL DEP.	←		←		←			←		←		←		←	
TOTAL CLAIMS	←		←		←			←		←		←		←	

12
10
66

17
39
66

7
66